Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ORTHOTEXAS PHYSICIANS AND SURGEONS
4780 N JOSEY LANE
CARROLLTON, TX 75010

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

05

MFDR Tracking Number

M4-12-1612-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary from the Table of Disputed Services: "carrier denied for timely filing-we file electronically and submitted proof of timely filing but they still denied "

Amount in Dispute: $216.89

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Carrier maintains the denial on the basis that the billing was not timely submitted. Rule 133.20(b) requires that the medical provider shall submit billing to the carrier no later than 95 days after the date of service…The Carrier has no record of providing a confirmation to Realmed in the timeframes alleged by Realmed, and cannot comment on Realmed's assertion that they received confirmation, from whom the confirmation was received, or what that confirmation contained. The Carrier would point out that Realmed's confirmation does not state from whom confirmation was received. Consequently, it appears that Realmed is receiving the billing electronically from the Provider, dropping it to paper, and submitting the paper billing to the Carrier. Confirmation was not received from the Carrier as the original bill had not been received at that time. The Carrier contends the Provider is not entitled to reimbursement."

Response Submitted by: Travelers, 1501 S. Mopac Expwy, Ste A-320, Austin, TX 78746

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 11, 2011 and April 8, 2011	29405, 73630, 99080-73	$216.89	$216.89

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. 28 Texas Administrative Code §134.204 sets out the guidelines for reimbursement of Workers' Compensation Specific Services provided on or after March 1, 2008.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated 08/18/11
   - 29- The time limit for filing has expired. Per Texas Labor Code 480.027, bills must be sent to the carrier on a timely basis, within 95 days from dates of service.

   Explanation of benefits dated 11/10/2011
   - W4- No additional reimbursement allowed after review of appeal/reconsideration

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor code §408.0272…a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute. For that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of a Claim History report from the Requestor's clearinghouse, RealMed for date of service 02/11/2011 and 04/08//2011. The Claim History report for date of service 02/11/2011 states that an electronic claim submission was made to clearing house on 03/04/2011 and was confirmed by payer or client on 03/07/2011. The Claim History report also states "Initial confirmation received from clearinghouse for electronic claim" on 03/07/2011. The Claim History report for date of service 04/08/2011 states that an electronic claim submission was made to clearing house on 04/18/2011 and was confirmed by payer or client on 04/19/2011. The Claim History report also states "Initial confirmation received from clearinghouse for electronic claim" on 04/19/2011.
3. In accordance with Texas Labor Code §408.027 and 28 Texas Administrative Code § 102.4(h) the documentation submitted by the requestor sufficiently supports that the requestor submitted a bill for the disputed dates of service to the insurance carrier within 95 days after the date services were provided.

   Reimbursement is recommended as follows:

   CPT code 29405: 54.54 WC CF/33.9764 Medicare CF x 82.06 Participating amount = $131.73. The requestor is seeking $115.75. This amount is recommended per 28 Texas Administrative Code §134.203.

   CPT code 73630: 54.54 WC CF/33.9764 Medicare CF x 30.44 Participating amount = $48.86. The requestor is seeking $43.07 x 2 DOS= $86.14. This amount is recommended per 28 Texas Administrative Code §134.203.

   CPT code 99080-73: $15.00 is recommended per 28 Texas Administrative Code §129.5(i)

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $216.89.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $216.89 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		03/23/2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.